	Effective October 1, 2000 09, 967, 287													
			SMALL ENTITY OTHER THAN TYPE OR SMALL ENTIT											
-TOTAL-CLAIMS			4-9-					RATE	= 1	FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGE	4 9 minus 20=		. 29			X\$ 9	=		OR	X\$18=	522		
IND	EPENDENT C	2 minus 3 =		· A			X40=			OR	X80=	00		
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+135=			1	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR OR	TOTAL	1232	
If And CLAIMS AS AMENDED - PART II								1017			On	OTHER	70-	
(Column 1) (Column 2)						(Column 3)		SMAL	L E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 49	Minus	4	9	= D	9	X\$ 9	7	Z	OR	X\$18=		
	Independent	1 2	Minus	***	<u>ن</u>	= (0)		X40=			OR	X80=	7	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM	/ L]	+125:			OR	+270= /		
						/		TOT				TOTAL		
	•	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. F	te i			ADDIT. FEE	-	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=	-		OR	X\$18=	·	
	Independent	NTATION OF M	Minus	***	CLAIN	-	$\ \ $	X40=			OR	X80= '	·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	· ·		OR	+270=		
								TOTA ADDIT. FE			OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total '	•	Minus	**		=		X\$ 9=			OR	X\$18=		
AME	Independent	•	Minus	•••		=		X40=	+			X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											UK			
+135= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "Total ADDIT. FEE											OR	TOTAL ADDIT: FEE		
		nber Previously Pai					er fou	nd in the	аррі	ropriate box	in col	umn 1.		

Application or Docket Number